Substitute Form PTO/SB/30

Request For Continued Examination (RCE) Transmitta PE

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Signature



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	Application Number	10/658,834	
	Filing Date	September 08, 2003	
	First Named Inventor	Rene Gantier et al.	
	Group Art Unit	1647	
	Examiner Name	Stoica, Elly Gerald	
	Customer Number	77202	
	Attorney Docket Number	0119365-00005/922	

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Submission required under 37 C.F.R. §1.114 1. Previously submitted Consider the amendment/reply under 37 C.F.R. 1.116 previously filed filed on _ ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on ___ iii. 🔲 Other_ b. X Enclosed i. Amendment/Reply ii. Affidavit(s)/Declaration(s) iv. Other: Transmittal Letter, a Check for a Three-month Extension of time in the amount of \$555.00, and a Return Postcard. Miscellaneous a.

Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required) The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed. Fee The Director is hereby authorized to charge the fee for the Request for Continued Examination as set forth below, and any other fees that may be due in connection with this and the attached papers or with this application during its entire pendency, or to credit any overpayments, to Deposit Account No. 02-1818. A duplicate of this sheet is enclosed. i. XRCE fee required under 37 CFR 1.17(e) - \$405 ii. X Extension of time fee (37 CFR 1.136 and 1.17)- \$555.00 04/29/2009 CNGUYEN2 00000032 021818 10658834 iii.

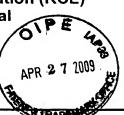
Other Any deficiencies 01 FC:2253 b. Check in the amount of \$555.00 enclosed 555.00 OP 02 FC:2801 405.00 DA c. ☐ Payment by credit card (Form PTØ-2038 enclosed) TURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED Registration No. (Attorney/Agent) Name (Print/Type) Stephanie/Seidman 33,779 Date April 27, 2009 Signature **CERTIFICATE OF MAILING BY "EXPRESS MAIL"** I hereby certify that this paper and any attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under" "Express Mail" Mailing Label Number EM 315452107 US in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Jon Levy Name (Print/Type)

April 27, 2009

Substitute Form PTO/SB/30 (5-03)

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Other Any deficiencies b. Check in the amount of \$555.00 enclosed c. Payment by credit card (Form PTO-2038 enclosed) SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED Name (Print/Type) Registration No. (Attorney/Agent) Stephanie **#**eidman 33.779 Signature Date April 27, 2009 **CERTIFICATE OF MAILING BY "EXPRESS MAIL"** I hereby certify that this paper and any attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under" "Express Mail" Mailing Label Number EM 315452107 US in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Name (Print/Type) Jon Levy Signature April 27, 2009